

INSTRUCTIONS

National Library of Medicine Associate Fellowship Program

PLEASE READ CAREFULLY BEFORE BEGINNING APPLICATION

The NLM Associate Fellowship Program application consists of the five parts listed below. All materials **MUST BE TYPED**. Your name and Social Security number must appear on each page. Materials submitted are non-returnable.

- Parts:
1. Structured résumé
 2. Contact information for three references
 3. Narrative questions
 4. Official transcripts for undergraduate and graduate degrees
 5. Applicant data form (optional)

Part 1. Structured Résumé

See attached description of each required section. Include each section listed and no more.

Part 2. References

- a. Contact **THREE** persons who can assess your character and abilities. If you are a recent graduate, one should be a faculty member from the library school you attended. The others should be selected from faculty, employers, or other library/information professionals.
- b. On the application form, list each reference's name, title, address, phone number, and e-mail address. Indicate for how long and in what capacity you have known this reference.

Part 3. Narrative Questions

Develop a narrative statement for each question. At the top of the page for each answer, type your name and Social Security number. Then, type the question to which you are responding in bold type. The narrative statements will be evaluated on content and writing skills.

Part 4. Official Transcripts

(ORDER IMMEDIATELY AND SPECIFY THE **FEBRUARY 15, 2002** DEADLINE)

- a. Direct colleges and universities to forward one *official transcript* for each undergraduate and graduate degree earned or about to be earned.
- b. One transcript is acceptable for multiple degrees earned from the same institution.
- c. If transcripts are delayed, you should send photocopies immediately. However, official transcripts are required to complete your application.

SUBMIT THE APPLICATION TO:

NLM Associate Fellowship Program
Science and Engineering Education, MS 36
Oak Ridge Institute for Science and Education
P.O. Box 117
Oak Ridge, Tennessee 37831-0117

Overnight Address: 200 Badger Avenue, Oak Ridge, Tennessee 37830

FAX Number: (865) 241-5220

DEADLINE: February 15, 2002

NOTE: Applications, including transcripts, are due to ORISE by February 15, 2002. This includes parts of the application received from other sources. Only typed and complete application materials will be acknowledged by February 22, 2002. Final selection for the 2001/2002 Associate Fellowship Program will be made by May 15, 2002. Please use overnight express mail if filing near the deadline.

APPLICATION**National Library of Medicine
Associate Fellowship Program**Name _____
Last First Middle

Social Security Number _____ E-mail _____

Work phone _____ Home phone _____

I have requested transcripts from (list below):

Institution _____ City _____ State _____

Reference Information: List three persons whom you have asked to complete the attached reference form. Include their names and titles, addresses, phone numbers, and e-mail addresses. Also include how long and in what capacity you have known each.

1. _____
Name Title

Address Phone E-Mail

Length of time known Capacity
2. _____
Name Title

Address Phone E-Mail

Length of time known Capacity
3. _____
Name Title

Address Phone E-Mail

Length of time known Capacity

☐ I am interested in an optional second year.

Signature _____ Date _____

STRUCTURED RÉSUMÉ

National Library of Medicine Associate Fellowship Program

Instructions: Your structured résumé must address each of the following sections in the prescribed order, if applicable. Each heading should be in bold type. If a heading is not applicable, you must still list it, but indicate "N/A" below the heading.

Continuation pages must have your name and Social Security number in the top right hand corner.

Name

Address

Phone

E-mail

Social Security Number

Date of Birth

Educational Information (From latest to earliest. Include years attended, date of graduation, and major area of study. List expected graduation date if applicable.)

Summary of Significant Work Experience (From latest to earliest. Indicate type of employment, e.g., salaried, hourly, practica, volunteer, and number of hours/week.)

Job Title

Organization/Company

Dates

Number of hours per week

Supervisor's name and phone number

Primary duties and responsibilities

Honors and Achievements

Publications/Presentations

Professional Development (Include CE courses, special training.)

Professional Memberships (Include student organizations, positions held.)

Foreign Language and Computer Skills

Courses in progress not reflected on transcripts

SEND TO: NLM Associate Fellowship Program, Science and Engineering Education, MS 36, Oak Ridge Institute for Science and Education, P.O. Box 117, Oak Ridge, Tennessee 37831-0117
Telephone number: (865) 576-9975
Fax number: (865) 241-5220

NATIONAL LIBRARY OF MEDICINE ASSOCIATE FELLOWSHIP PROGRAM

REFERENCE FORM

Please type or print clearly and return to the Oak Ridge Institute for Science and Education (fax number below).
References due February 15, 2002.

Applicant's Name _____
(last, first, middle)

How long and in what capacity have you known the applicant?

Length of time _____ I am Faculty Advisor () Supervisor () Other ()

In a group of 100 other library school students or librarians of comparable experience, how would you rate the applicant with respect to the following characteristics:

	Below Average	Average	Above Average	Outstanding (top 25%)	Superior (top 5%)	Inadequate
Motivation toward a successful, productive career						
Growth during total period observed						
Fertility of imagination; originality of thought						
Emotional stability and maturity						
Ability to work with others						
Mastery of fundamental knowledge in the field						
Flexibility						
Ability to communicate information (written-oral)						
Self-reliance and independence						

On another sheet, please add your descriptive comments that will assist in providing a complete picture of the applicant's character, attitudes, and ability/potential for research. Please comment on challenges, as well as strong points.

Signature _____ Date _____

Typed or Printed Name _____ Title _____

Phone _____ E-Mail _____

Address _____

Return to: Barbara Dorsey
Phone: (865) 576-9975 Fax: (865) 241-5220

STRUCTURED RÉSUMÉ

National Library of Medicine Associate Fellowship Program

Please develop narrative statements for the following questions. **Begin each question on a new page.** At the top right-hand corner of the page for each answer, type your name and Social Security number. Then type the questions to which you are responding in bold type, followed by your narrative. The narrative statements will be evaluated on content and writing skills and should not exceed 500 words.

1. What do you hope to gain by participating in the NLM Associate Fellowship Program?
2. If selected, what will you bring to the NLM Associate Fellowship program?

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Oak Ridge Institute for Science and Education, P.O. Box 117, Oak Ridge, Tennessee 37831-0117
Telephone number: (865) 576-9975 Fax number: (865) 241-5220



OAK RIDGE INSTITUTE FOR SCIENCE AND EDUCATION

National Library of Medicine Associate Fellowship Program

Applicant Data

Applicant data is important in assessing the effectiveness of our efforts to solicit applications from a diverse population. Your completion and submission of this form will assist us in this regard; however, if you decide not to do so, your choice will not affect the decision regarding your application. We appreciate your cooperation.

Name _____ Date _____

Citizenship: ☐ USA ☐ Permanent Resident Alien (PRA)
☐ Foreign National - Country _____

If you are a U.S. citizen, please complete:
Race and/or Ethnic Origin (check one)

- ☐ Caucasian American
- ☐ African American
- ☐ Hispanic American
- ☐ Native American
- ☐ Asian or Pacific Islander American

Birth Date (month, day, year) _____

Gender Male ☐ Female ☐

Physical/mental disability (Physical or mental impairment that substantially limits one or more major life activities; for example, blindness, deafness, or mobility impairment): Yes ☐ No ☐

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Phone: (865) 576-9975
Fax: 865) 241-5220
E-mail: dorseyb@ornl.gov